

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90094 018 ***150.00

DOCUMENT # P05000157784 1. Entity Name PEOPLE FIRST, INC. - WAIVER SUPPORT COORDINATION			
Principal Place of Business 2042 SW DINNER STREET PORT ST LUCIE, FL 34953		Mailing Address 2042 SW DINNER STREET PORT ST LUCIE, FL 34953	
2. Principal Place of Business - No P.O. Box # 800 VIRGINIA AVE Suite, Apt. #, etc. Suite 14-B		3. Mailing Address 800 VIRGINIA AVENUE Suite, Apt. #, etc. Suite 14-C	
City & State PORT-PIERCE, FL Zip 34982		City & State PORT-PIERCE, FL Zip 34982	
Country ST LUCIE		Country ST LUCIE	
4. FEI Number 56-2557433		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBERTS, ARDELLA 2042 SW DINNER STREET PORT ST LUCIE, FL 34953		7. Name and Address of New Registered Agent Name JAMES J. O'HEARN Street Address (P.O. Box Number is Not Acceptable) 3466 NE 17th COURT City TENSEN BEACH	
State FL		Zip Code 34957	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME ALBERTS, ARDELLA STREET ADDRESS 2042 SW DINNER STREET CITY-ST-ZIP PORT ST LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE Change NAME 800 VIRGINIA AVE Suite 14-C STREET ADDRESS PORT PIERCE, FL 34982 CITY-ST-ZIP 34982	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Ardeella Alberts</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>April 10, 2008</u> Daytime Phone #: <u>(772) 636</u>	

Ardeella Alberts, D. Recter